

Foster Family Home - Corrective Action Report

Provider ID: 1-160061

Home Name: Juvy Perez, CNA

Review ID: 1-160061-5

1621 Kaumoli Street

Reviewer: David Ayling

Pearl City HI 96782

Begin Date: 8/20/2019

Foster Family Home

Required Certificate

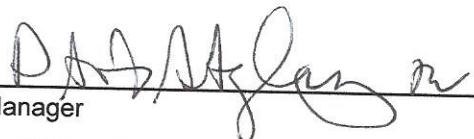
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

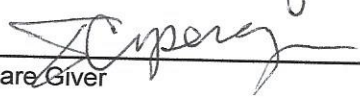
Comment:

Home inspection for a 3 person CCFFH recertification made on 8/20/19.

6.(d)(1) - Home is in compliance with all requirements. Home will receive a 3 bed certification.


Compliance Manager

8/20/19
Date


Primary Care Giver

8-20-19
Date